

Application for Re-Examination of Master Plumber

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Michigan Department of Consumer & Industry Services
Bureau of Construction Codes
Plumbing Division
P.O. Box 30255
Lansing, MI 48909
517/241-9330

Examination Fee: \$50.00

THIS FORM TO BE USED ONLY BY APPLICANTS WHO HAVE TAKEN THE EXAMINATION PREVIOUSLY.

Authority: 1929 PA 266
Completion: Necessary for exam consideration
Penalty: Application cancelled & fee forfeited

The Department of Consumer and Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Instructions:

1. Complete and **sign original application**. Please type or print in ink.
2. Enclose a check or money order payable to the **State of Michigan**.
3. Mail completed application and fee to the above address.

Applicant Information

NAME (LAST, FIRST, MIDDLE)		JOURNEYMAN PLUMBER LICENSE NO.
ADDRESS		SOCIAL SECURITY NUMBER
CITY		DATE OF BIRTH
STATE		COUNTY
ZIP CODE	TELEPHONE NUMBER ()	

Examination Preference

Refer to the enclosed "Schedule of Plumbing Board Meetings and Licensing Examinations" for examination dates. Please indicate a preference of examination date. If approved for examination, an admission card will be mailed to you approximately 10 days prior to the examination date. If the examination you have selected is full, you will be scheduled for the next available examination.

Preferred Date

☐ No Preference - Next Available Examination

If you have a disability and require an accommodation to take the examination, please submit written documentation from a professional (education professional, doctor, psychologist, psychiatrist) to certify that your disabling condition requires the requested test accommodation. Forms are available from this office.

Background Information

Have you been convicted of a felony or misdemeanor?

☐ No

☐ Yes

If yes, you must request, complete, and return a "Request for Conviction History" form after filing this application. Failure to accurately respond to this question will result in you forfeiting any rights of consideration for examination and issuance of a plumber's license in the state of Michigan.

Certification and Signature

I certify that the information provided is true and accurate to the best of my ability and that I have the experience required for this examination. I further understand that falsification of any statement is cause for rejection or revocation of license, if issued.

SIGNATURE

DATE

Agency Use Only			
DATE FILED	AMOUNT OF FEE	REPEAT	SCHOOL
WRITTEN %	PRACTICAL %	CHART %	PASSED / FAILED
LICENSED BY EXAMINATION OF	FAILED TO PASS EXAMINATION OF	APPROVED BY BOARD	LICENSE NUMBER